

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-35)						SERIAL NO. <i>10-049-247</i>	APPLICANT		
						CLAIMS			
AS FILED		AFTER ADMISSION TO AMENDMENT		AFTER AMENDMENT		SERIAL	SERIAL	SERIAL	SERIAL
IND.	DEP.	IND.	DEP.	IND.	DEP.	1	2	3	4
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
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14						64			
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31						81			
32						82			
33						83			
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35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.						TOTAL IND.	<i>2</i>		
TOTAL DEP.						TOTAL DEP.	<i>53</i>		
TOTAL CPT.						TOTAL CPT.	<i>55</i>		